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University of California
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Weekly Bulletin



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EDITOR

Why Private Funerals?



In spite of great advances made recently in all public health procedures, there is still considerable confusion relative to the possible dangers that may lie in holding public funerals for persons who have died of certain communicable diseases. The notion still persists, in many quarters, that the cold dead body of such an individual may constitute a factor in the spread of the disease from which he may have died.

Viruses are extremely short-lived in the absence of warmth and moisture. There is every reason to believe that bodies of persons who have died of a disease caused by a filterable virus do not constitute a factor of importance in the transmission of disease after such bodies have become cold. Bacteria may not die as quickly as viruses, but few can live long in a dead body.

Modern methods of embalming should be destructive of most of the pathogenic organisms. It is true that embalmers may run a certain risk in handling bodies of persons who may have died of smallpox, scarlet fever, and other diseases. This is particularly true of smallpox, as the records indicate that no inconsiderable number of embalmers have contracted smallpox through the handling of bodies of persons who have died of this disease. Had they been successfully vaccinated recently, of course, this hazard would not exist.

Extreme precautions are always indicated in the immediate handling of bodies dead of plague, small-

pox and certain other virulent diseases. After such bodies have been embalmed, there is little hazard involved although the regulations require that such bodies be placed in hermetically sealed caskets for transportation. To the general public, there is virtually no danger whatsoever in approaching the embalmed body of a person who has died of any of the communicable diseases.

Why, then, should health officers insist on private funerals over the bodies of persons who have died of these diseases? The reason lies in the fact that individuals who may have come into contact with the patient during the course of his disease may have become carriers, and that at the time the funerals are held, other contacts may be in the early unrecognized stages of the disease. Regulations that forbid holding such public funerals are designed to prevent contact of nonimmune persons with carriers and early cases, and constitute an important factor in preventing the spread of communicable diseases.

With the development of rapid transportation with motorized funeral equipment, transporting bodies many miles within a short period of time, it is possible for carriers and early cases, accompanying a body, to provide facilities for transferring infection into a community where the disease is not present. For this reason it is customary for the health officer of the community where the death occurred to notify the health officer of the territory wherein the burial may take

place, in order that there may be proper supervision over the funeral service. This reciprocity between health officers is of value in the control of communicable diseases and should be practiced universally. It is particularly important that health officers in the more thickly settled communities immediately be advised of the shipment of any bodies dead of communicable diseases from sparsely settled districts, for the protection of the larger numbers of people in the congested areas.

It must be remembered, however, that the danger lies in contact with carriers and early cases, and that the dead body itself is of very little importance in the spread of disease.

Regulation of funerals by health officers may vary according to the nature of the disease, the ages and relative susceptibility of individuals who may attend the funerals, and other factors that may depend upon the nature of the infection and the avenues through which it may be transferred. The individual health officer must exercise careful judgment according to the conditions involved. Certainly, under no circumstances, should there be any opportunity for the mingling of weeping attendants at funerals with individuals who may have been in contact with the deceased. Proper supervision over such funerals is of importance in the control of communicable diseases.

FAILURE TO REGISTER BIRTHS MAY BE EXPENSIVE!

The California law provides that a birth certificate must be filed within one year after the event. Registration can not be effected after that period, except upon establishment of fact of birth in the superior court of the county in which the birth occurred. This procedure involves considerable expense in attorney's fees, court costs, and other expenditures.

While the attendant at the birth carries a certain responsibility in the registration of the event, parents also bear a heavy share in such responsibility. Every parent of a newly-born infant should be certain that the birth is registered at the time of its occurrence. Failure to comply with the provisions of the law may cause great inconvenience at a later time, and the expense of establishing fact of birth in the courts is very often prohibitive. It is cheaper and a better policy to register the birth at the time that the event occurred.

"Children are not so much to be taught as to be trained. To teach a child is to give him ideas; to train him is to enable him to reduce those ideas to practice."—H. W. Beecher.

WHAT ABOUT WHOOPING COUGH?

In the last five years, 735 California children have died of whooping cough. Most of these were infants who had been unnecessarily exposed to cases of the disease. Most of these deaths might have been prevented if all cases had been placed under strict supervision. Too many parents allow children suffering from whooping cough to mingle with other children and disregard all ordinary precautions for preventing the infection of young children.

The large numbers of deaths from whooping cough constitute a factor in making a high infant mortality rate. But the whole tragedy does not lie in whooping cough alone, for pneumonia often follows whooping cough, and other disastrous complications too often result in the loss of young lives.

The responsibility belongs largely to parents, who take no action to prevent contact with infectious cases of the disease. Health officers can accomplish effective results if all cases of whooping cough are placed under supervision, but such procedure is not often possible for the reason that contacts have been made and the infection transferred before there is any opportunity for the adoption of preventive measures.

Public health nurses are able to give practical information to parents in the necessity for keeping young children away from other children who may transmit the disease. There is still a vast amount of educational work with parents to be undertaken, however.

WRAP TOY WIND INSTRUMENTS

Sacramento merchants have been advised by the city health officer, Dr. Herbert F. True, that whistles, mouth organs, and other small wind instruments must be protected with individual wrappers.

At this season of the year, particularly when store counters are filled with this type of toys, and when common colds and other communicable diseases are prevalent, it is important that this procedure be followed. Children, who place instruments of this sort to their mouths while shopping for toys, may suffer from one of these diseases and transfer the infection to other children who place the same toys to their mouths. Health officers throughout the state might well adopt the same regulations.

It is the superstition of medicine that is responsible for all the health cults of modern times. You have elevated the desire for health, youth and longevity to the position of a religion.—Rabbi Stephen Wise.

COUNTY HEALTH WORK EXPANDS

In the past two years, six counties have organized full-time county health units, making the total, including the City and County of San Francisco, twenty-four, or 41.4 per cent of the fifty-eight counties of the state.

In addition, ten cities provide full-time health service to 2,073,517 individuals, making a total of 4,627,148 individuals, or 81.5 per cent of the population of the state served by full-time health units. The official 1930 census figures are used in the provision of these data. The ten cities included in this group are Berkeley, Fresno, Long Beach, Los Angeles, Palo Alto, Pasadena, Oakland, Sacramento, San Jose, and Santa Barbara.

In seven of the full-time units, Madera, Orange, Riverside, Monterey, San Francisco, San Joaquin, and San Luis Obispo, the health needs of the entire population of the county are supervised by the county health units. In the other seventeen counties, many of the incorporated cities provide part-time services not under the jurisdiction of the full-time county units.

Those counties that have been added to the list of full-time units during the last two years are Santa Cruz, Solano, Sonoma, Tulare, Ventura, and Yolo counties. Yolo maintained a full-time unit several years ago, but it was dropped and recently reorganized on a full-time basis.

In these counties, during the past year, diphtheria and typhoid immunizations increased in numbers approximately 50 per cent. Similar increased services are noted in smallpox and tuberculosis control. Increases were also effected in activities listed under infant, pre-school, and social hygiene subjects. There was an increase of more than 60 per cent in the number of field visits made in the interests of general sanitation. Increases occurred in the numbers of field visits to food-handling establishments, dairy farms, and milk plants. Approximately 42 per cent more specimens were received in laboratories for examination. This increase may be accounted for by the developing public interest in the control of venereal diseases and the larger number of applications made for Wassermann tests.

Efforts are now being made to combine one or more counties into full-time health districts in order that the population of a group of counties may be served more adequately than under the present system involving several small part-time units.

Without health life is not life; it is only a state of languor and suffering—an image of death.—Rabelais.

REGULATIONS FOR CUSTARD FILLINGS

In the *Weekly Bulletin* of August 28, 1938, the regulations of the State Board of Public Health covering custard fillings for pastry were printed. These regulations did not include amendments which were enacted April 10, 1936.

The regulations as they now stand and are in force throughout the state read as follows:

REGULATIONS

Custard Fillings for Pastry

Whereas poisoning with the toxins of staphylococci and colon group present in foods is becoming more common, the protection of the public health requires that products subject to such contamination be prepared with due regard to the prevention of such accident:

Therefore, Be It Resolved that:

1. All commercially prepared custards or cream fillings of pastries shall be made under conditions of cleanliness involving all stages of its manufacture.
2. Only efficiently pasteurized milk may be used.
3. The temperature and time of heating the mix shall be as a minimum, the equivalent of a temperature of 140 degrees Fahrenheit for a period of one hour, provided, however, that other temperatures and times may be used when specifically approved by the Director of Public Health.
4. Upon completion of the cooking of the custard when used for filling of eclairs or cream puffs, or closed shell, that same should be put into shallow sterilized containers and chilled without delay to 50 degrees Fahrenheit. When custard fillings are used in open shells that the pie and the shell must be cooled likewise to 50 degrees Fahrenheit.
5. Custards must be kept in the cooling room until used in making pastries.
6. The filling apparatus which shall be wholly of metal or rubber, cleaned with boiling water and sterilized brushes, or with a jet of live steam under pressure.
7. Before use, filling apparatus shall be sterilized by either boiling for ten minutes, or steaming in a steam sterilizer for one hour.
8. The manufacturer of custard-filled pastry shall prohibit any person suffering from a skin infection from preparing or handling in any manner such pastry or the custard mix used therein.
9. Only freshly made cream filling shall be used in each batch.
10. During the process of distribution, all pastries containing cream fillings shall be maintained at a temperature that will not produce spoilage. (For its information value, it may be stated that scientific investigation has shown 50 degrees Fahrenheit to be the maximum temperature.)

SOCIAL HYGIENE YEAR BOOK AVAILABLE

The American Social Hygiene Association, at 50 West Fiftieth Street, New York City, has issued the Social Hygiene Year Book for 1938. This contains summaries of current activities, grouped by states and cities, with complete lists of social hygiene societies, national and state agencies, voluntary organizations, and other valuable lists. Summaries of recent legislation are included.

The volume is of interest to local health officers, who may desire to use the year book for reference purposes. Its cost is nominal, and the book may be obtained from the association in New York City.

MORBIDITY**Complete Reports for Following Diseases for Week Ending December 3, 1938****Chickenpox**

546 cases: Alameda County 22, Alameda 3, Berkeley 1, Hayward 3, Oakland 38, Pleasanton 3, Contra Costa County 8, Martinez 20, Richmond 2, Fresno County 10, Fresno 2, Imperial County 6, Brawley 14, Kern County 9, Corcoran 1, Los Angeles County 12, Alhambra 6, Burbank 5, Compton 1, Covina 1, Glendale 2, Long Beach 4, Los Angeles 28, Pasadena 3, Pomona 5, San Gabriel 2, Santa Monica 6, Whittier 5, Lynwood 2, South Gate 3, Madera County 1, Madera 3, Mill Valley 6, Merced County 12, Los Banos 1, Atwater 1, Salinas 1, Orange County 6, Anaheim 12, Fullerton 5, Orange 1, Santa Ana 2, Riverside County 3, Beaumont 2, Riverside 1, Palm Springs 1, Sacramento County 4, Sacramento 7, Ontario 14, San Diego County 4, Chula Vista 4, National City 4, San Diego 32, San Francisco 50, San Joaquin County 8, Lodi 4, Manteca 1, Stockton 26, San Luis Obispo County 11, Arroyo Grande 18, Paso Robles 1, San Luis Obispo 3, Burlingame 2, Daly City 2, Santa Barbara County 14, Santa Barbara 1, Santa Clara County 5, Mountain View 1, Palo Alto 7, San Jose 1, Santa Clara 4, Sunnyvale 9, Santa Cruz County 13, Solano County 1, Dixon 4, Sonoma County 3, Healdsburg 1, Turlock 5, Tulare County 4, Dinuba 1, Oxnard 1, Santa Paula 1.

Diphtheria

42 cases: Alameda 1, Oakland 6, Colusa County 1, Brawley 1, Los Angeles County 4, Azusa 1, Glendale 1, Hermosa 1, Los Angeles 4, Torrance 1, South Gate 1, Merced County 1, Monterey County 1, Redlands 2, National City 3, San Diego 2, San Francisco 1, Santa Clara County 7, San Jose 1, Watsonville 1, Yuba County 1.

German Measles

25 cases: Alameda County 2, Berkeley 2, Los Angeles County 2, Los Angeles 2, South Pasadena 1, South Gate 1, Napa 1, San Francisco 4, Tehama County 1, Red Bluff 9.

Influenza

95 cases: Berkeley 1, Oakland 2, Kern County 1, Los Angeles County 2, Compton 1, Glendale 2, Long Beach 2, Los Angeles 8, Pomona 1, Whittier 1, Sausalito 1, Napa County 1, Napa 3, Roseville 61, San Bernardino County 1, San Francisco 3, Tracy 1, San Jose 2, Petaluma 1.

Malaria

One case: Fresno County.

Measles

555 cases: Alameda County 1, Alameda 9, Berkeley 3, Hayward 1, Oakland 69, Pleasanton 1, San Leandro 1, Contra Costa County 11, Antioch 2, Concord 10, El Dorado County 1, Fresno County 1, Eureka 1, Alhambra 1, Compton 1, Covina 1, Culver City 1, Long Beach 17, Los Angeles 6, Whittier 1, Madera County 1, San Rafael 1, Merced County 2, Orange County 5, San Clemente 1, Sacramento 2, Colton 9, Chula Vista 1, National City 1, San Diego 21, San Francisco 273, San Joaquin County 1, Lodi 1, Stockton 44, Tracy 1, San Mateo County 1, Daly City 1, Santa Clara County 10, San Jose 18, Santa Clara 4, Santa Cruz County 1, Tehama County 2, Red Bluff 13, Ventura County 1, San Mateo 1.

Mumps

557 cases: Alameda County 32, Alameda 5, Albany 22, Berkeley 90, Oakland 83, San Leandro 17, Contra Costa County 19, El Cerrito 3, Martinez 2, Pittsburg 4, Richmond 1, Walnut Creek 2, Fresno County 1, Fresno 1, Kern County 19, Bakersfield 4, Los Angeles County 6, Alhambra 1, Avalon 1, Glendale 1, Long Beach 5, Los Angeles 26, Pasadena 3, Pomona 1, Santa Monica 2, Sierra Madre 2, Mariposa County 1, Mendocino County 7, Merced County 18, Los Banos 12, Monterey County 3, Napa County 3, Napa 9, Orange County 3, Orange 1, Santa Ana 4, Laguna Beach 2, Roseville 7, Riverside County 1, Riverside 24, Sacramento County 5, Sacramento 11, San Bernardino County 1, Colton 1, Ontario 12, San Diego County 9, San Diego 19, San Francisco 16, San Joaquin County 5, Lodi 1, Stockton 6, San Luis Obispo 1, Burlingame 1, Daly City 1, Santa Barbara 1, Santa Clara County 1, San Jose 7, Santa Cruz County 2, Trinity County 1, Tulare County 1, Dinuba 6, Ventura County 1.

Pneumonia (Lobar)

85 cases: Alameda County 1, Alameda 2, Oakland 5, Los Angeles County 5, Glendale 1, Inglewood 1, Los Angeles 19, Monrovia 1, Pasadena 2, San Fernando 1, San Gabriel 1, Torrance 1, Hawthorne 1, Gardena 1, Madera County 1, Chowchilla 1, Merced County 6, Napa County 1, Orange County 3, Santa Ana 1, Auburn 1, Corona 1, Sacramento County 1, Sacramento 5, San Bernardino 1, San Diego 1, San Francisco 3, San Joaquin County 5, Stockton 2, San Mateo County 1, Santa Barbara County 1, San Jose 1, Solano County 1, Vacaville 1, Vallejo 1, Sonoma County 1, Tulare County 1, Ventura County 1, Yolo County 1.

Scarlet Fever

236 cases: Alameda County 3, Alameda 1, Berkeley 2, Oakland 5, Gridley 3, Contra Costa County 1, Pinole 1, Fresno County 3, Eureka 8, Kern County 2, Los Angeles County 24, Compton 4, Covina 1, Culver City 1, El Monte 1, Glendale 2, Glendora 1, Huntington Park 1, Long Beach 5, Los Angeles 48, Pomona 1, San Fernando 1, Whittier 5, Bell 1, Madera 2, Mariposa

County 1, Merced County 1, Orange County 4, Anaheim 1, Fullerton 1, Orange 1, Santa Ana 3, Tustin 1, Placer County 1, Sacramento County 2, Sacramento 2, San Bernardino County 1, Ontario 1, San Bernardino 1, National City 1, San Diego 2, San Francisco 26, San Joaquin County 4, Manteca 1, Stockton 18, San Luis Obispo County 1, Burlingame 1, Daly City 1, San Mateo 1, Santa Barbara 2, Santa Clara County 5, San Jose 2, Santa Cruz 1, Shasta County 3, Solano County 6, Petaluma 2, Red Bluff 5, Tulare County 3, Ventura County 1, Ventura 1, Winters 1.

Typhoid Fever

2 cases: Kern County 1, Modoc County 1.

Whooping Cough

152 cases: Berkeley 7, Hayward 4, Oakland 5, Contra Costa County 1, Imperial County 1, Los Angeles County 7, Glendale 2, Huntington Park 1, La Verne 1, Long Beach 2, Los Angeles 32, San Fernando 1, San Gabriel 1, Santa Monica 1, Whittier 2, Monterey County 19, Orange County 1, Anaheim 1, Fullerton 2, Santa Ana 4, San Clemente 5, Sacramento 1, San Bernardino County 2, Ontario 1, La Mesa 2, Oceanside 8, San Diego 4, San Francisco 10, Lompoc 4, Santa Barbara 1, Ventura County 1, Oxnard 8, Santa Paula 9, Yuba County 1.

Meningitis (Epidemic)

One case: Sutter Creek.

Dysentery (Amoebic)

3 cases: Los Angeles County 1, Pomona 1, San Bernardino County 1.

Dysentery (Bacillary)

18 cases: Alameda 1, Fresno County 1, Los Angeles 2, Monrovia 1, Madera County 1, Sonoma County 12.

Leprosy

One case: Los Angeles County.

Pellagra

One case: San Bernardino County.

Poliomyelitis

2 cases: Kern County, Delano 1.

Tetanus

One case: Mill Valley.

Trachoma

13 cases: Fresno County 10, Riverside 1, San Diego 1, Tulare County 1.

Encephalitis (Epidemic)

4 cases: Kern County 3, San Joaquin County 1.

Typhus Fever

4 cases: Los Angeles County 1, Los Angeles 3.

Botulism

4 cases: Los Angeles.

Food Poisoning

28 cases: Los Angeles 27, Yuba County 1.

Undulant Fever

6 cases: Los Angeles County 1, Monrovia 1, Riverside County 1, Palm Springs 1, San Bernardino County 1, Ventura 1.

Actinomycosis

One case: Merced County.

Coccidioidal Granuloma

One case: Kern County.

Septic Sore Throat

5 cases: Los Angeles County 1, San Luis Obispo County 3, Redwood City 1.

Relapsing Fever

One case: San Bernardino County.

Rabies (Animal)

37 cases: Fresno County 2, Imperial County 2, Kern County 6, Hanford 3, Los Angeles County 4, Arcadia 1, Compton 2, Los Angeles 3, Redondo 1, San Joaquin County 1, Santa Clara County 5, Morgan Hill 1, San Jose 2, Santa Clara 1, Sunnyvale 1, Tulare County 1, Ventura County 1.

* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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